

Public Hearing March 16, 2015

Testimony: SB 981 An Act Concerning Medical Assistants

Public Health Committee:

Senators Terry B. Gerratana, Joseph J. Crisco, and Joe Markley; Representatives Matthew Ritter, Emmett D. Riley, and Prasad Srinivansan, and members of the Public Health Committee

My name is MaryAnn Brescia and I am an Assistant Nurse Professor at Three Rivers Community College, an adjunct clinical instructor at the University of Connecticut, and a practicing ICU nurse at Eastern Connecticut Health Network. I have practiced for 23 years. I initially began my career as an Associate Degree nurse. I chose to advance my practice by pursuing a Bachelor in Nursing, then a Masters, and now a PhD. My educational motivation was driven by the ongoing changes in healthcare that are increasing the demands in nursing. Nurses are required to know more and manage more in diverse settings with fewer resources. As you may or may not know, the Institute of Medicine's Future of Nursing Report recommends that "Nurses should practice to the full extent of their education and training" and "Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States" (<http://www.thefutureofnursing.org/recommendations>, 2011). These recommendations have initiated coalitions in order to ensure that nursing play a role in producing safe, quality care for all patients in our country. Your proposed pilot program allowing medical assistants to administer medications contradict the recommendations as well as the work nursing has done to provide best care practices.

Medication administration is a skill that requires critical thinking. As a professor, I can ensure you that the learning of these skills is a process that occurs in stages. Students, over a course of two to four years, learn about medications, how they work, the side effects, as well as how to assess the patient. Administering medications goes beyond pouring a pill according to the instructions on a bottle. Nurses require knowledge of when to hold a medication or when to question its effect. Medication errors can be the cause of a sentinel event (which is an event not related to the natural course of a patient's illness) that may result in death, permanent harm, or severe temporary harm (http://www.jointcommission.org/sentinel_event.aspx). To learn about these events please take the time to research the CDC website as well as the joint commission website.

As a professor, I can go on about the necessity of learning critical thinking in order to administer medications. As an ICU nurse, I can also spend hours discussing medications errors. However, as a granddaughter, I'd like to share with you the story of my grandmother who recently passed in August of 2014. She had COPD which is a chronic lung disease causing your body to withhold carbon monoxide (CO2). Excessive sedation is dangerous since it can actually result in a person not taking deep breaths causing the body to withhold even more CO2. The day my grandmother was admitted, her CO2 level had raised to a dangerous 108 (normal levels being less than 45). This was a result of her nurse aide's inability to assess that she was over medicated and over sedated. She was not arousable and all the aide kept saying is that my grandmother was sleeping soundly. If this aide had the critical thinking skills to determine that my over medicated grandmother was too sedated causing her CO2 levels to rise, maybe she would be here today. As a nurse and a consumer, I do understand the need to provide more cost effective care, but medication errors burden healthcare and increase costs by causing harm to patients.

Thank you for providing me with the opportunity to speak to you about SB 981, an Act Concerning Medical Assistants and ask you reconsider. MaryAnn Brescia MSN, RN

